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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
University of Miami

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 248106

City or town, state or province, country, and ZIP or foreign postal code
Coral Gables, FL 331242912

F Name and address of principal officer:
Julio Frenk
1252 Memorial Dr Rm 230
CG, FL 33146

D Employer identification number

59-0624458

E Telephone number

(305) 284-4877

G Gross receipts \$ 4,946,703,270

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MIAM1.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1925

M State of legal domicile: FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The University of Miami's mission is to educate and nurture students, to create knowledge through its comprehensive research programs, and to provide patient care services to our community and beyond.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	60
4	Number of independent voting members of the governing body (Part VI, line 1b)	54
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	27,324
6	Total number of volunteers (estimate if necessary)	373
7a	Total unrelated business revenue from Part VIII, column (C), line 12	5,946,086
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	833,310,843	735,793,948
9 Program service revenue (Part VIII, line 2g)	3,309,009,808	3,426,990,965
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,975,313	65,153,763
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,590,211	17,305,916
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,225,886,175	4,245,244,592

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	522,322,885	551,381,063
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,009,998,627	2,123,153,328
16a Professional fundraising fees (Part IX, column (A), line 11e)	574,690	510,191
b Total fundraising expenses (Part IX, column (D), line 25) ▶32,901,063		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,435,799,584	1,480,210,232
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,968,695,786	4,155,254,814
19 Revenue less expenses. Subtract line 18 from line 12	257,190,389	89,989,778

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,649,910,234	5,539,608,618
21 Total liabilities (Part X, line 26)	2,258,378,387	3,049,275,854
22 Net assets or fund balances. Subtract line 21 from line 20	2,391,531,847	2,490,332,764

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2021-04-12
Date

Brandon Gilliland Vice President & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01048557
Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401	Phone no. (336) 275-3394			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

See Form 990, Part I, Line 1, Description of Organization Mission.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	1,166,745,916	including grants of \$	469,921,147) (Revenue \$	1,018,931,243)
See Additional Data					

4b	(Code:) (Expenses \$	422,404,694	including grants of \$	54,515,678) (Revenue \$	158,475,276)
See Additional Data					











4c	(Code:) (Expenses \$	1,895,191,297	including grants of \$	6,965) (Revenue \$	2,077,102,337)
See Additional Data					

	(Code:) (Expenses \$	390,887,026	including grants of \$	26,937,273) (Revenue \$	172,482,109)
Expenses primarily represent auxiliary enterprises, including intercollegiate athletics, parking, student housing and student dining. Other program services revenues primarily represent auxiliary enterprises revenue, investment income, and investment losses.					

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	390,887,026	including grants of \$	26,937,273) (Revenue \$	172,482,109)

4e	Total program service expenses ▶	3,875,228,933
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24,541	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 27,324			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	60	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	54	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Michael Dunlap Associate VP & Controller 1320 S Dixie Highway Suite 150 Coral Gables, FL 331462912 (305) 284-4877

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								22,659,116	0	870,270

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3,537

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Moss and Associates 800 Brickell Ave Suite 1500 Miami, FL 33131	Construction Services	70,245,566
Owens & Minor Distribution Inc 14599 NW 8TH St Sunrise, FL 33325	Health Information Management	34,559,970
Vilar-Hoynack Construction Company LLC 9400 S Dadeland Blvd Ste 606 Miami, FL 33156	Construction Services	27,648,867
GCA Education Services Inc 4702 Western Ave Suite 101 Knoxville, TN 37921	Maintenance & Repair Services	24,981,624
Huron Consulting Group Holdings LLC 3005 Momentum PL Chicago, IL 60689	Management Consulting	20,443,818

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1,179

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	1,058,519								
	b Membership dues . . .	1b									
	c Fundraising events . . .	1c	1,337,140								
	d Related organizations	1d									
	e Government grants (contributions)	1e	515,733,530								
	f All other contributions, gifts, grants, and similar amounts not included above	1f	217,664,759								
	g Noncash contributions included in lines 1a - 1f:\$	1g	11,206,394								
	h Total. Add lines 1a-1f ▶			735,793,948							
Program Service Revenue			Business Code								
	2a Hospitals and Clinics		900099	1,573,391,787	1,573,391,787						
	b Tuition and Fees		900099	866,426,822	866,426,822						
	c Medical Prof Practice		900099	503,710,550	502,866,479	844,071					
	d Auxiliary Enterprises		900099	172,622,816	52,738,491	4,826,991	115,057,334				
	e Local Grants and Contr		900099	158,475,276	158,475,276						
	f All other program service revenue.			152,363,714	151,774,617	589,097					
	g Total. Add lines 2a-2f. ▶			3,426,990,965							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			35,190,296				35,190,296			
	4 Income from investment of tax-exempt bond proceeds ▶			1,093,327				1,093,327			
	5 Royalties ▶			14,087,403				14,087,403			
	6a Gross rents	6a	(i) Real	(ii) Personal							
			9,994,550	18,717							
		b Less: rental expenses	6b	6,311,422					14,143		
				c Rental income or (loss)					6c	3,683,128	4,574
	d Net rental income or (loss) ▶				3,687,702		4,574	3,683,128			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other							
			723,038,870	37,973							
		b Less: cost or other basis and sales expenses	7b	694,183,786					22,917		
				c Gain or (loss)					7c	28,855,084	15,056
	d Net gain or (loss) ▶				28,870,140		-429,567	29,299,707			
	8a Gross income from fundraising events (not including \$ 1,337,140 of contributions reported on line 1c). See Part IV, line 18	8a									
			331,987								
		b Less: direct expenses	8b	912,096							
	c Net income or (loss) from fundraising events . . . ▶			-580,109				-580,109			
	9a Gross income from gaming activities. See Part IV, line 19	9a									
			14,400								
		b Less: direct expenses	9b	13,655							
	c Net income or (loss) from gaming activities . . . ▶			745			745				
	10a Gross sales of inventory, less returns and allowances . . .	10a									
1,213											
b Less: cost of goods sold . . .		10b	659								
c Net income or (loss) from sales of inventory . . . ▶			554			554					
Miscellaneous Revenue		Business Code									
11a Advertising		523000		74,621		74,621					
b Coach Appearances		541800		35,000		35,000					
c											
d All other revenue											
e Total. Add lines 11a-11d ▶			109,621								
12 Total revenue. See instructions ▶			4,245,244,592								
				3,305,673,472	5,946,086	197,831,086					

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,097,672	52,097,672		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	458,243,503	458,243,503		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	41,039,888	41,039,888		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,327,499	1,901,932	6,439,987	1,985,580
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,647,628,038	1,554,306,415	76,813,650	16,507,973
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	105,236,178	100,004,529	4,152,826	1,078,823
9 Other employee benefits	243,893,665	203,796,408	36,254,127	3,843,130
10 Payroll taxes	116,067,948	108,234,236	6,260,454	1,573,258
11 Fees for services (non-employees):				
a Management				
b Legal	13,168,763	1,594,696	11,574,067	
c Accounting	671,423	227,800	443,623	
d Lobbying	352,932		352,932	
e Professional fundraising services. See Part IV, line 17	510,191			510,191
f Investment management fees	10,253,101	10,253,101		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	303,441,536	249,058,081	50,266,589	4,116,866
12 Advertising and promotion	23,172,682	22,526,578	164,896	481,208
13 Office expenses	126,796,539	121,200,741	4,942,037	653,761
14 Information technology	66,174,302	61,018,223	5,155,900	179
15 Royalties				
16 Occupancy	104,929,326	100,981,698	3,846,613	101,015
17 Travel	33,046,553	30,619,483	1,409,971	1,017,099
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,715,829	20,622,546	1,746,044	347,239
20 Interest	45,953,971	44,546,480	1,407,491	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,128,458	152,754,591	5,373,867	
23 Insurance	35,872,128	30,540,986	5,331,142	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	463,822,609	463,822,609		
b Miscellaneous	71,710,080	45,836,737	25,188,602	684,741
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,155,254,814	3,875,228,933	247,124,818	32,901,063
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		4,995,054	1	89,970,697	
	2	Savings and temporary cash investments		608,290,203	2	1,221,637,184	
	3	Pledges and grants receivable, net		307,865,535	3	256,957,350	
	4	Accounts receivable, net		494,957,238	4	400,384,296	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		45,792,095	7	48,962,185	
	8	Inventories for sale or use		32,586,421	8	43,935,740	
	9	Prepaid expenses and deferred charges		41,792,185	9	77,078,865	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,221,262,703			
	b	Less: accumulated depreciation	10b	2,069,696,115	1,973,728,789	10c	2,151,566,588
	11	Investments—publicly traded securities		608,322,465	11	557,999,261	
	12	Investments—other securities. See Part IV, line 11		459,482,403	12	630,400,006	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		5,581,598	14	1,127,001	
	15	Other assets. See Part IV, line 11		66,516,248	15	59,589,445	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,649,910,234	16	5,539,608,618		
Liabilities	17	Accounts payable and accrued expenses		304,664,344	17	321,589,140	
	18	Grants payable			18		
	19	Deferred revenue		116,863,195	19	236,574,901	
	20	Tax-exempt bond liabilities		1,244,397,028	20	1,222,284,110	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		114,824,449	24	810,279,540	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		477,629,371	25	458,548,163	
	26	Total liabilities. Add lines 17 through 25		2,258,378,387	26	3,049,275,854	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,007,147,387	27	1,074,407,644	
	28	Net assets with donor restrictions		1,384,384,460	28	1,415,925,120	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,391,531,847	32	2,490,332,764	
33	Total liabilities and net assets/fund balances		4,649,910,234	33	5,539,608,618		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,245,244,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,155,254,814
3	Revenue less expenses. Subtract line 2 from line 1	3	89,989,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,391,531,847
5	Net unrealized gains (losses) on investments	5	-19,675,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	28,486,300
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,490,332,764

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule OInstruction, academic support, student services:The University of Miami (UM) is a private not-for-profit institution with more than 17,000 students. The University's 11 colleges and schools offer the following degree options: 135 bachelors, 146 masters, and 66 doctoral (62 research/scholarship and 4 professional practice).The School of Architecture, founded in 1983, offers accredited professional undergraduate and graduate degrees in architecture and several post-professional graduate degrees. Programs include the professional Bachelor of Architecture (B.Arch) and the Master of Architecture (M.Arch); the post-professional Master of Science in Architecture (M.S.Arch) with 2 possible tracks- Architectural Design and Architectural Studies; the Master of Urban Design (M.U.D); the Master of Construction Management (M.C.M), and the Master of Real Estate Development and Urbanism (M.R.E.D.U.), an interdisciplinary one-year graduate program that draws on the real-life experience of Developers-in-Residence and faculty support from the Schools of Business Administration and Law as well as Architecture. The College of Arts and Sciences enrolls over 3,700 undergraduate and 600 graduate students in 20 departments and 15 interdisciplinary programs. Seventeen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences.The College of Engineering comprises five departments that offer degrees in aerospace, architectural, biomedical, civil, computer, electrical, environmental, industrial, and mechanical engineering. The College of Engineering offers five-year B.S./M.S. degree programs for our undergraduates, as well as traditional master's and doctoral degrees in a number of disciplines, with several specializations in several fields. Consistent with the tradition of collaboration among the University of Miami schools and colleges, engineering students participate in a number of interdisciplinary programs as well as joint research projects with other academic units at UM. Consisting of over 1,000 undergraduate students and over 230 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries. At the undergraduate level, 30% of the student population is Hispanic and 9% is Black. Females represent 31% of the students (10% higher than the national average, according to the most recent statistics from the American Society for Engineering Education).The School of Law presently enrolls around 1,200 candidates for either J.D., LL.M. or dual degrees, and has over 24,000 alumni worldwide. The J.D. program enrolls approximately 1,150 students from more than 117 undergraduate institutions. Of the entering J.D. students, approximately 54% are women, 48% are members of minority groups, 45% are from outside Florida, and 53% have been out of undergraduate school one year or more. 66% speak one or more foreign language. The School offers graduate programs in International Law (specializations in Inter-American Law, General International Law, and U.S. and Transnational Law for Foreign Lawyers), International Arbitration, Maritime Law, Entertainment, Art and Sports, Taxation, Taxation of Cross Border Investments, Estate Planning, and Real Property Development, the latter 2 offer courses online as well as on-campus. The graduate program in International Law includes three different specializations. The School also offers several joint degree programs. It is the only law school to offer a J.D./Master's in Music Business, J.D./M.A. in Arts Presenting, J.D./M.A in Law and Communications, and J.D./M.A. in Latin American Studies. In addition, the School offers a J.D./M.B.A., J.D./M.P.S. in Marine Affairs, J.D./M.P.H. in Public Health, J.D./M.S. Ed. in Law, Community and Social Change, J.D./PH.D. in Law and Environmental Policy, J.D./M.D., J.D./M.P.A. in Public Administration, J.D./LL.M. in Tax, International Law, Maritime Law, Estate Planning or Real Property Development, and a J.D./M.B.A./LL.M. in Tax, Real Property Development or Estate Planning. The School has been ranked as one of the "20 Most Innovative Law Schools" by Pre-Law Magazine and as a "Leader in Learning" by Innovate 800. Billboard Magazine named the School the 2019 Leading Law School for Music Law programs. Its alumni are regularly featured in Super Lawyers Magazine.The Leonard M. Miller School of Medicine has grown rapidly in both size and reputation, earning international acclaim for research, clinical care, and biomedical innovations. Our 860 medical students are joined by 1,300 residents, 700 graduate students and over 250 postdoctoral fellows, and we have one of the largest graduate medical education systems in the country. Along with the M.D. degree, the school offers a combined M.D./Ph.D. program, a 4-year and 5-year M.D./M.B.A. program, a 4-year and a 5-year M.D./M.P.H. program and 4-year M.D./M.S. in Genomic Medicine, a 5-year M.D./J.D. program, graduate degrees in ten areas, postdoctoral programs, and continuing medical education courses.

Form 990, Part III, Line 4b:

See Schedule OResearch and Public Service:UM has been classified by the Carnegie Commission as a Doctoral University with Highest Research Activity. The School of Architecture's areas of focus include Urban Design, Planning & Real Estate Development, Construction Management, Technology and Computation, Coastal Resilience, Health and the Built Environment, Historical Preservation and Adaptive Use, Classical and Traditional Design, Housing and Hospitality Design, Building in the Caribbean, Latin America and the Tropical World, Architectural History, and Theory. Faculty and students are actively engaged in interdisciplinary research with numerous schools including the Miller School of Medicine, The Leonard and Jayne Abess Center for Ecosystem Science and Policy and the Center for Computational Science. The College of Arts and Sciences provides numerous community outreach activities, including student musical theatre productions at the Jerry Herman Ring Theatre and Alvin Sherman Family Stage; student, faculty, and visiting artist exhibitions in the Wynwood Gallery in the design district of downtown Miami; faculty curated exhibitions at the Lowe Art Museum; lectures and other educational programs sponsored by the Center for the Humanities, and the Miami Institute for Advanced Study of the Americas; volunteer activities in the public schools, hospitals and community clinics for developmentally disabled children; technology workshops for Miami-Dade public school teachers sponsored by the Department of Modern Languages Laboratory; and a series of programs, hosted by several departments and funded by various federal agencies and private foundations, to enhance the diversity of students pursuing scientific careers through research opportunities for pre-college and undergraduate students; and career development opportunities for high-school and community-college faculty. The School of Law offers externship programs and foreign exchange programs in Argentina, Belgium, Brazil, China, Colombia, France, Germany, India, Ireland, Israel, Spain, Switzerland, and Vietnam. The School's award-winning clinics, focusing on different areas of the law, offer exceptional training grounds and give students practical, hands-on lawyering while also helping needy and underrepresented individuals. The School is also home to LawWithoutWalls (LWOW), an innovative academic model that brings together students, faculty, practitioners, and entrepreneurs from around the country and the world to explore innovation in legal education and practice. The Rosenstiel School of Marine & Atmospheric Science is one of the leading oceanographic research and education institutions in the nation. Known originally as the University's marine laboratory, it was founded in 1943. It evolved into the Institute for Marine Science in 1961, and eight years later became the Rosenstiel School of Marine & Atmospheric Science (RSMAS) within the University of Miami. The Virginia Key campus has grown to include modern research and teaching facilities, a dedicated academic library, and an internationally recognized Marine Invertebrate Museum. RSMAS also operates a state-of-the-art 96-foot catamaran research vessel, the F.G. Walton Smith. In 2014, RSMAS added to its fleet of specialized research vessels a one-of-a-kind Helicopter Observation Platform (HOP), a flying scientific laboratory equipped with state-of-the-art technology and scientific instrumentation, which provides scientists with a unique capability to obtain vital information on environmental processes and mechanisms that affect our climate and impact human health. The newest addition to RSMAS includes a freshwater Scientific Dive Pool. It plays a critical role in providing necessary scientific diving instruction to participants in our science programs and research projects. The facility allows scientists and students to gain a deeper understanding of the marine environment and coral reefs. CSTARS (Center for Southeastern Tropical Advanced Remote Sensing), located on the Richmond campus in south Miami-Dade county was launched in 2003, and conducts research with remotely sensed data received from earth-orbiting satellite systems. This state-of-the-art real-time reception and analysis facility provides data for environmental monitoring. The predictive power concentrated on this 78-acre campus is helping to provide vital, life-saving information regarding earthquakes, hurricanes, typhoons, freak waves and other natural and manmade disasters, including monitoring of the earthquakes in Haiti and Chile, and oil spills. The Leonard M. Miller School of Medicine has been designated a Center for AIDS Research (CFAR) in Florida, and is leading the University's prestigious Clinical and Translational Science Institute (CTSI), awarded by the NIH. Other clinical and research programs include the John P. Hussman Institute for Human Genomics, the Interdisciplinary Stem Cell Institute, the Dr. John T. Macdonald Foundation Biomedical Nanotechnology Institute, the Miami Transplant Institute, The Miami Project to Cure Paralysis, the Diabetes Research Institute, the Mailman Center for Child Development, and many more.

Form 990, Part III, Line 4c:

See Schedule OHealth Care: Located north of downtown Miami near the Civic Center in the Miami Health District, the Leonard M. Miller School of Medicine's campus consists of approximately 72-acres of owned and leased land within the 153-acre University of Miami/Jackson Memorial Hospital complex. Each year the University of Miami Health System's nearly 1,400 physicians represent more than 100 specialties and subspecialties with outcomes that are among the best in the nation. The health system is comprised of Sylvester, Bascom Palmer Eye Institute, and UHealth Tower, operating within UMHC. Sylvester Comprehensive Cancer Center is the only cancer center in South Florida designated by the National Cancer Institute. Bascom Palmer has been recognized as the number one eye hospital in the country for 19 years by U.S. News & World Report in its annual "America's Best Hospitals" issue. In addition to the three University-owned hospitals, there are also three primary hospitals affiliated with UHealth: Jackson Memorial Hospital, the primary teaching hospital for the medical school; Holtz Children's Hospital; and the Bruce W. Carter VA Medical Center. There are also about three dozen UHealth outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties. The Lennar Foundation Medical Center, located in Coral Gables, opened in 2016. The 206,000-square-foot diagnostic and treatment center provides the local community more convenient access to world-class medical care provided by UM physicians and specialists.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Manuel Diaz Head Coach, Football	80.00					X		9,571,978	0	55,390
Joseph Lamelas Director & Professor	80.00					X		2,556,914	0	19,527
James J Larranaga Head Coach, Basketball	80.00					X		2,404,989	0	48,915
Dipen J Parekh Director & Professor	80.00					X		1,819,463	0	100,696
Julio Frenk President	80.00	X		X				1,516,121	0	302,183
Edward Abraham EVP & CEO of Uhealth	80.00					X		1,686,874	0	57,187
Jacqueline A Travisano Executive VP & COO	80.00			X				947,368	0	53,584
Jeffrey Duerk Executive VP & Provost	80.00			X				888,970	0	56,187
Aileen Ugalde University Secretary (former)	80.00						X	669,090	0	65,570
Leslie Dellinger Aceituno Secretary	80.00			X				160,242	0	55,230

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marc Buoniconti Trustee/Senior Director	40.00 20.00	X						180,207	0	19,246
Joseph Echevarria Trustee	4.00	X						154,783	0	3,551
Edward A Dauer Trustee / Faculty Member	40.00	X						102,117	0	33,004
Leonard Abess Trustee	1.00	X						0	0	0
Betty G Amos Trustee	4.00	X						0	0	0
Jose P Bared Trustee	2.00	X						0	0	0
Hilarie Bass Trustee & Chair	40.00	X						0	0	0
Jon Batchelor Trustee	2.00	X						0	0	0
Fred Berens Trustee	1.00	X						0	0	0
Tracey Berkowitz Trustee	10.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nicholas A Buoniconti Trustee	0.00	X						0	0	0
Alfred R Camner Trustee	3.00	X						0	0	0
Wayne E Chaplin Trustee	2.00	X						0	0	0
Adriana Cisneros Trustee	0.00	X						0	0	0
Charles E Cobb Trustee	2.00	X						0	0	0
Leah Colucci Trustee	0.00	X						0	0	0
Devang Desai Trustee	4.00	X						0	0	0
Paul J DiMare Trustee	0.01 4.00	X						0	0	0
David L Epstein Trustee & Vice Chair	2.00 10.00	X						0	0	0
Richard D Fain Trustee	30.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George Feldenkreis Trustee	1.00	X						0	0	0
Miguel B Fernandez Trustee	0.50	X						0	0	0
Phillip Frost Trustee	1.00	X						0	0	0
Phillip T George Rose Trustee	2.00	X						0	0	0
Kourtney Gibson Trustee	1.00	X						0	0	0
Rose Ellen Greene Trustee	1.00	X						0	0	0
Barbara Hecht Havenick Trustee	1.00	X						0	0	0
Allan M Herbert Trustee	2.00	X						0	0	0
Marilyn J Holifield Trustee	2.00	X						0	0	0
Roberta L Jacoby Trustee	6.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Frank R Jimenez Trustee	4.00	X						0	0	0
Manuel Kadre Trustee	12.00	X						0	0	0
Marcus Lemonis Trustee	0.00	X						0	0	0
Eric Todd Levin Trustee	5.00	X						0	0	0
Jayne Sylvester Malfitano Trustee	3.00	X						0	0	0
Marilu Marshall Trustee	0.00	X						0	0	0
Stuart A Miller Trustee	10.00	X						0	0	0
William L Morrison Trustee & Vice Chair	5.00	X						0	0	0
Judi Prokop Newman Trustee	0.00	X						0	0	0
Arva Moore Parks Trustee	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jorge M Perez Trustee	3.00	X						0	0	0
Aaron S Podhurst Trustee	5.00	X						0	0	0
Lois Pope Trustee	0.00	X						0	0	0
Alex E Rodriguez Trustee	1.00	X						0	0	0
Steven J Saiontz Trustee	2.00	X						0	0	0
Robert E Sanchez Trustee	2.00	X						0	0	0
Marvin R Shanken Trustee	2.00	X						0	0	0
Laurie S Silvers Trustee	5.00	X						0	0	0
HT Smith Jr Trustee	7.00	X						0	0	0
Jacquelyn R Soffer Trustee	0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
E Roe Stamps IV Trustee	10.00	X						0	0	0
Ronald G Stone Trustee	8.00	X						0	0	0
Johnny C Taylor Jr Trustee	2.00	X						0	0	0
Patricia W Toppel Trustee	2.00	X						0	0	0
Ana VeigaMilton Trustee	3.00	X						0	0	0
Jonathan Vilma Trustee	10.00	X						0	0	0
David R Weaver Trustee	5.00	X						0	0	0
Geisha Jimenez Williams Trustee	0.50	X						0	0	0
G Ed Williamson II Trustee	2.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-0624458

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	684,757,248	800,273,551	691,914,187	833,310,843	735,793,948	3,746,049,777
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	684,757,248	800,273,551	691,914,187	833,310,843	735,793,948	3,746,049,777
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6	Public support. Subtract line 5 from line 4.						3,746,049,777

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	684,757,248	800,273,551	691,914,187	833,310,843	735,793,948	3,746,049,777
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,068,647	107,512,560	46,631,938	59,403,850	60,713,176	321,330,171
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	608,176	-325,797	1,457,689	-332,088	0	1,407,980
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						4,068,787,928
12	Gross receipts from related activities, etc. (see instructions)					12	14,958,365,987
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 92.070 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 90.650 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7		<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization University of Miami	Employer identification number 59-0624458
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	352,932													
c Total lobbying expenditures (add lines 1a and 1b)	352,932													
d Other exempt purpose expenditures	4,148,351,326													
e Total exempt purpose expenditures (add lines 1c and 1d)	4,148,704,258													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	256,934	292,550	340,809	352,932	1,243,225
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ 11,206,394

(ii) Assets included in Form 990, Part X ► \$ 58,541,642

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☒ Other public ed & outreach progra

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	997,413,188	1,021,508,292	948,579,230	844,642,514	887,329,315
b Contributions	67,672,070	22,260,195	29,917,174	39,933,556	35,880,046
c Net investment earnings, gains, and losses	27,549,739	-2,903,234	87,286,606	107,091,993	-37,379,832
d Grants or scholarships	-9,203,927	-9,311,271	-9,334,364	-9,017,823	-7,908,234
e Other expenditures for facilities and programs	-32,676,868	-34,140,794	-34,940,354	-34,071,010	-33,278,781
f Administrative expenses					
g End of year balance	1,050,754,202	997,413,188	1,021,508,292	948,579,230	844,642,514

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 17.550 %

b

Permanent endowment ▶ 56.020 %

c

Temporarily restricted endowment ▶ 26.430 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,832,484		100,832,484
b Buildings		2,556,152,054	1,209,177,771	1,346,974,284
c Leasehold improvements		89,268,247	51,528,504	37,739,743
d Equipment		943,349,898	645,776,594	297,573,305
e Other		531,660,020	163,213,246	368,446,772
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,151,566,588

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	-4,240,417	F
(2) Closely-held equity interests		
(3) Other _____ (A) Limited Partnerships	440,085,648	F
(B) Mutual Funds	25,105,457	F
(C) Other	169,449,318	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	630,400,006	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Medical Self-Insurance Reserves	81,443,999
(3) Refundable Deposits	342,215
(4) Accrued Postretirement Benefit Cost	124,147,351
(5) Annuities Payable	4,184,229
(6) Refundable Federal Student Loans	25,204,596
(7) Other Liabilities	223,225,773
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	458,548,163

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,729,938,149
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-19,675,167
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-203,590
e	Add lines 2a through 2d	2e	-19,878,757
3	Subtract line 2e from line 1	3	3,749,816,906
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,494,235
b	Other (Describe in Part XIII.)	4b	488,933,451
c	Add lines 4a and 4b	4c	495,427,686
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,245,244,592

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,659,827,128
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,659,827,128
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,494,235
b	Other (Describe in Part XIII.)	4b	488,933,451
c	Add lines 4a and 4b	4c	495,427,686
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,155,254,814

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Supplemental Information

Return Reference	Explanation
Part III, Line 4:	<p>Part III, Line 4: Art Collection: The purpose of the University of Miami's Lowe Art Museum (hereinafter "the Museum")'s Collections Management Policy is to document the policies that guide the development, care, stewardship, and use of its collections in a manner that is consistent with both the Museum's Mission and the highest standards of professional art museum practice. Through this Collections Management Policy, the Museum ensures that: - Its collections are preserved, protected, and secured in accordance with the highest of relevant professional standards; - The Museum's collection-related activities promote public good rather than individual gain; - Access to its collections and collection-related materials is appropriately monitored and regulated; - Acquisition, deaccessioning, and loans of works in its collections are conducted in a manner that conforms to the Museum's Mission, complies with applicable law, and reflects the highest of ethical standards; - Disposal of works from its collection through sale, exchange, or other means is solely for the advancement of the Museum's Mission, and that proceeds from the sale of such works are used only to purchase other works of art; and - Its collections are accounted for by regular inventory and documented in the Museum's collections management database. Overall Scope of the Collection The Museum's Permanent Collection represents five millennia of human creativity on every inhabited continent. All collection objects are works of fine art or culturally significant archaeological/ethnographic material. In addition, the Museum maintains a collection of public sculpture installed throughout the University of Miami's Coral Gables campus on behalf of its parent institution. More information on the Museum can be found on its website at www.miami.edu/lowe.</p>

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Part V, Line 4: Endowment Funds: The University's endowment is used to support the University's mission which is to educate and nurture students, to create knowledge through its comprehensive research programs, and to provide patient care services to its community and beyond. Distributions from the University's endowment are mainly used for student scholarships and fellowships, endowed chairs, research, school/college support, academic program support, library support, and general University support.

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	Fin 48 Footnote: The University is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is made in the financial statements. At May 31, 2020, there were no uncertain tax positions. The University files tax returns with U.S. federal and other tax authorities for which the statute of limitations may go back to the year ended May 31, 2015.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Refunds of Contributions - \$203,593

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Amounts represent: tuition discounting, certain grants, expenses netted from revenues for GAAP purposes.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Same as above

Supplemental Information

Return Reference	Explanation
Part XI and XII, Line 4b:	Other Revenue and Expense Reconciling Items: Tuition discounting \$302,324,330, grants and contracts pass-through transactions from sponsoring agencies \$193,880,558, Less: gaming in come/loss \$13,655, non-program related rental expenses \$6,325,565; cost of sales of invent ories/other assets of \$19,734; and direct expenses related to fundraising events \$912,096.

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Go to www.irs.gov/Form990EZ for the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Name of the organization University of Miami	Employer identification number 59-0624458
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Part I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Yes
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
Schedule E, Part I, Line 3	The University publishes its Equal Opportunity Policy and Non-discrimination Policy Statement in the following publications: * Workplace Equity & Inclusion Web site * All UM web sites state our Non-discrimination policy under a link for "Privacy Statement and Legal Notices" * Students Rights and Responsibilities Handbook * Academic Bulletin * Student Handbook distributed at Orientation * Faculty Manual * Employee Handbook * Various public bulletin boards located throughout the various campuses, in contracts with other vendors, during University employee orientation, University Career Website, etc.
Schedule E, Part I, Line 6	The University provides financial assistance in the form of grants to award scholarships and fellowships to students attending the University. In addition, government agencies award grants to the University for research.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			3,624,364
b Total from continuation sheets to Part I	0	226			133,588,752
c Totals (add lines 3a and 3b)	0	226			137,213,116

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	8
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3	Enter total number of other organizations or entities	35
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Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2:	Procedures for Monitoring Grants Outside the United States: The University awards grants as subcontracts to foreign organizations for the purpose of conducting research and research training. Prior to the University awarding the subcontract, the organization is required to submit the proposed scope of work and a budget. Once reviewed and approved, a formal subcontract is issued with the terms and conditions of the award. To comply with terms and conditions of the subcontract, the foreign organization must submit an invoice together with supporting documentation. Upon receipt of the invoice, the faculty member at the University responsible for the grant or his/her designee approves the invoice for payment. In addition, monitoring of the science is conducted by the University faculty member responsible for the grant via site visits, correspondence, phone calls, etc. Reports required under the terms and conditions of the subcontract are submitted by the grantee.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3:	Activity Expenditures: Expenditures are recorded based on the accrual method of accounting and are recorded when incurred.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean			Program Services	Grants to Recipients	55,694
East Asia & the Pacific			Program Services	Grants to Recipients	187,348

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Grants to Recipients	1,175,194
Middle East & North Africa			Program Services	Grants to Recipients	72,462

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Grants to Recipients	420,931
South America			Program Services	Grants to Recipients	554,310

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Grants to Recipients	89,410
Sub-Saharan Africa			Program Services	Grants to Recipients	1,069,015

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central American and the Caribbean			Program Services	Travel - Institutional Research and Education	289,839
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	514,803

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Travel - Institutional Research and Education	1,512,344
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	137,157

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Travel - Institutional Research and Education	475,425
Russia and Neighboring States			Program Services	Travel - Institutional Research and Education	19,425

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Travel - Institutional Research and Education	343,457
South Asia			Program Services	Travel - Institutional Research and Education	71,008

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Travel - Institutional Research and Education	166,808
Central America and the Caribbean			Investments	N/A	125,171,760

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland & Greenland)			Investments	N/A	1,157,553
Central America and the Caribbean		11	Program Services	Independent Contractors- Institutional Research and Education	72,962

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		22	Program Services	Independent Contractors-Institutional Research and Education	111,252
Europe		103	Program Services	Independent Contractors-Institutional Research and Education	1,544,132

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa		7	Program Services	Independent Contractors-Institutional Research and Education	288,252
North America		50	Program Services	Independent Contractors-Institutional Research and Education	1,460,818

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States		2	Program Services	Independent Contractors-Institutional Research and Education	2,949
South America		23	Program Services	Independent Contractors-Institutional Research and Education	133,067

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia		2	Program Services	Independent Contractors-Institutional Research and Education	2,100
Sub-Saharan Africa		6	Program Services	Independent Contractors-Institutional Research and Education	113,641

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	15,534	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	8,755	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	23,038	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	8,367	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia & the Pacific	Research	9,380	Wire Transfer		N/A	N/A
		East Asia & the Pacific	Research	80,816	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia & the Pacific	Research	97,152	Wire Transfer		N/A	N/A
		Europe	Research	61,569	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	19,474	Wire Transfer		N/A	N/A
		Europe	Research	166,788	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	124,657	Check		N/A	N/A
		Europe	Research	19,017	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	7,719	Wire Transfer		N/A	N/A
		Europe	Research	10,111	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	48,294	Wire Transfer		N/A	N/A
		Europe	Research	10,117	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	57,397	Wire Transfer		N/A	N/A
		Europe	Research	31,157	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	116,896	Wire Transfer		N/A	N/A
		Europe	Research	90,512	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	122,241	Check		N/A	N/A
		Europe	Research	135,646	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	66,000	Wire Transfer		N/A	N/A
		Europe	Research	71,102	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	16,497	Check		N/A	N/A
		Middle East & North Africa	Research	44,335	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East & North Africa	Research	10,000	Wire Transfer		N/A	N/A
		Middle East & North Africa	Research	18,127	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	135,367	Check		N/A	N/A
		North America	Research	109,161	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	108,303	Check		N/A	N/A
		North America	Research	24,200	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	43,901	Wire Transfer		N/A	N/A
		South America	Research	244,653	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	45,853	Wire Transfer		N/A	N/A
		South America	Research	102,931	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	74,940	Wire Transfer		N/A	N/A
		South America	Research	35,506	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	50,426	Wire Transfer		N/A	N/A
		South Asia	Research	89,410	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	174,448	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	657,915	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	236,653	Wire Transfer		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Central America and the Caribbean	121	2,935,950	Check		N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	799	12,097,812	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Europe	342	9,476,377	Check		N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	75	1,362,176	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	North America	66	1,307,081	Check		N/A	N/A
Scholarships, Fellowship Grants	Russia and Neighboring States	29	793,479	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	South America	281	5,485,152	Check		N/A	N/A
Scholarships, Fellowship Grants	South Asia	129	3,106,649	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Sub-Saharan Africa	27	850,848	Check		N/A	N/A

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

59-0624458

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala</u> (event type)	<u>Luncheon</u> (event type)	<u>10</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	288,805	272,853	1,107,469	1,669,127
	2 Less: Contributions	257,580	197,300	882,260	1,337,140
	3 Gross income (line 1 minus line 2)	31,225	75,553	225,209	331,987
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	113	1,045	32,690	33,848
	6 Rent/facility costs		21,335	122,603	143,938
	7 Food and beverages	81,335	41,520	271,459	394,314
	8 Entertainment	58,912	1,633	177,053	237,598
	9 Other direct expenses	4,457	2,261	95,680	102,398
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				912,096
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-580,109

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,367,000		8,367,000	0.200 %
b Medicaid (from Worksheet 3, column a)			181,916,324	117,379,296	64,537,028	1.550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			190,283,324	117,379,296	72,904,028	1.750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,239,077	3,284,847		
f Health professions education (from Worksheet 5)			25,416,388	3,613,143	21,803,245	0.520 %
g Subsidized health services (from Worksheet 6)			5,026,942	5,026,942		
h Research (from Worksheet 7)			94,746,773	85,908,596	8,838,177	0.210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			116,875		116,875	0 %
j Total. Other Benefits			128,546,055	97,833,528	30,758,297	0.730 %
k Total. Add lines 7d and 7j			318,829,379	215,212,824	103,662,325	2.480 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,842,342	1,659,092	183,250	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,842,342	1,659,092	183,250	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	41,649,703		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	286,967,748
6 Enter Medicare allowable costs of care relating to payments on line 5	6	315,368,122
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,400,374
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>umiamihealth.org/community-health-improvement</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>umiamihealth.org/community-health-improvement</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

University of Miami Hospital and Clinics			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-,-a-,-financ			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-,-a-,-financ			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-,-a-,-financ			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input checked="" type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a:	The organization prepared a community benefit report during the tax year.
Part I, Line 7:	The Medicare cost report was used, except for 7b (Medicaid and other means-tested government programs). For 7b, a cost-to-charge ratio was used. The cost to charge ratio used for Medicaid cost calculation is based on the actual cost of Traditional Medicaid Fee-for-Service claims as reported on the Medicare Cost Report. These calculated costs (Inpatient Routine, Inpatient Ancillary, and Outpatient) are compared to the charges for these services reported on the same cost report. This ratio is used as the Medicaid cost-to-charge ratio to be applied to total gross Medicaid charges (both Traditional Fee for Service and Managed Care) as reported on the AHCA FUHRs report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities:	Community building activities include child abuse protection programs. Also, Financial support was provided to Junior Achievement of South Florida which enabled the organization to assist with educating 50,000 students on financial literacy, workforce readiness and entrepreneurship skills. In addition, UHealth, supported the Urban League of Broward County. UHealth sprang into action, partnering with local, state and national partners to ensure our community had access to vital information, testing and treatment. Our DOCS program partnered with the Florida Department of Health to serve in shifts every day from 8 AM to 11 PM during the initial height of the COVID pandemic in South Florida. In addition, we assisted in the Surveillance Program Assessing Risk and Knowledge of Coronavirus (SPARK-C), which randomly selected Miami-Dade residents to receive serologic testing for COVID-19 in order to determine prevalence. Our team was trained on data capture, operating telecommunications, and registering and scheduling residents for testing.
Part III, Line 2:	Total bad debt expense is determined using the hospital's patient accounting records.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	Patients who render sufficient financial information to make a determination of eligibility under the hospitals' financial assistance policy are either treated as charity care (if they qualify) or given a "self-pay" discount (if they do not qualify as charity care).
Part III, Line 4:	The hospitals' financial statements do not contain a footnote concerning bad debt. The University's financial statements account for bad debt as a reduction of revenue. For the year ended May 31, 2020, the hospitals recorded \$41,649,703 of implicit price concessions as a direct reduction of patient service revenue that would have been reported as a provision for bad debts prior to the adoption of ASU 2014-09.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	<p>The source of this information is the Medicare Cost Report data, which uses a "cost to charge" ratio methodology. The University of Miami Hospital and Clinics (UMHC) is a Prospective Payment System (PPS) exempt hospital and, as such, is cost based reimbursed for both inpatient and outpatient services. For inpatient services, the limit is the TEFRA target limit. The hospital, on occasion, exceeds the target rate and does not receive full cost reimbursement. The TEFRA target amount is updated by the Medicare program annually by the TEFRA updating factor. However, the amount of the TEFRA updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. For outpatient services, the limit is the payment to cost ratio (PCR). The PCR was established using a base year, which was 1996, at a rate of 85.5% of cost. The PCR for all PPS-exempt cancer centers was 88% through 12/31/19, and then 89% from 1/1/20 to 5/31/20; therefore, the hospital currently does not receive payment for 11-12% of its outpatient cost.</p>
Part III, Line 9b:	<p>Note 3 of the financial statements reads in-part as follows: "the hospital provides care to patients who are financially unable to pay for the healthcare services they receive, and because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in revenue."</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	Needs assessment: UHealth completed its most recent community health needs assessment (CHNA) in 2018, evaluating the health needs of individuals living in Miami-Dade County, Florida. The CHNA educates and validates UHealth on where and who to focus its efforts on when working to improve health outcomes for the residents with the greatest needs. The completion of the CHNA and corresponding implementation plan allowed UHealth to prioritize the significant health needs of the community and develop a robust strategy to address those needs. UHealth engaged a multidisciplinary steering committee to review the CHNA and provide oversight for activities in the implementation plan. The committee leads the efforts in developing the assessment, implementation strategy and working with the Board of Directors to obtain necessary approvals.
Part VI, Line 3:	Patient education of eligibility for assistance: The organization informs and educates patients through public service announcements, advertising, and development activities. Further, patients are assisted with qualifying for Medicaid and other state programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Community information: UHealth is situated and primarily serves Miami-Dade County. Miami-Dade is the seventh largest county in the US and represents 12.6% of Florida's population. It is one of the few counties in the United States that is "minority-majority," in that a racial/ethnic minority group comprises the majority of the population with approximately 69.4% Latino or Hispanic residents; 17.7% black, non-Hispanic; 12.9% white, non-Hispanic; 1.6% Asian; 0.3% American Indian and Alaska Native. 53.7% of Miami-Dade's population are foreign-born, more than double that of the state. Miami-Dade County has a relatively young population with 83.3% of persons under age 65 and 20.2% under the age of 18. In Miami Dade County, 15.7% of all individuals live below the federal poverty level, with a median household income of \$51,347 as compared to 12.7% and 55,600 respectively in the State of Florida. The SocioNeeds Index, developed by the Conduent Healthy Communities Institute, is a measure of socioeconomic need calculated from several social and economic factors, ranging from poverty to education, which may impact health and/or access to care. The Index is correlated with potentially preventable hospitalization rates related to chronic conditions, diabetes, and obesity. Index values range from 0 to 100, in which 100 represents communities with the greatest socioeconomic need. The median score for Miami-Dade County is 67.7 out of 100, which is indicative of poor health outcomes due to high needs within the community. The SocioNeeds Index further confirms the socioeconomic disparities observed among residents of Miami-Dade County. In addition to the SocioNeeds Index, a rank measure is calculated by comparing the SocioNeeds Index of all zip codes in Miami-Dade County (a rank of 5 represents high need, while a rank of 1 represents low need). More than one-third (36.3%) of Miami-Dade County residents live in ZIP codes identified as those with the "greatest need" (5). More than two-thirds (67.5%) of residents reside in ZIP codes with a SocioNeeds Index score of a three (3) or higher. In 2019, the ten leading causes of death in Miami-Dade County were heart disease, cancer, stroke, Alzheimer's disease, chronic lower respiratory disease, unintentional injury, diabetes, Parkinson's Disease, nephritis/nephrotic syndrome and nephrosis, and hypertension; seven of which are explicitly addressed in our Community Health Needs Assessment.</p>
Part VI, Line 5:	<p>Promotion of community health: UHealth in partnership with the Miller School of Medicine is focused on the well-being of the community we serve. Sylvester Comprehensive Cancer Center, Bascom Palmer Eye Institute, the Department of Community Service and all clinical departments conduct critical health screenings, provide education and outreach activities to underserved populations through a myriad of activities including health fairs, free clinics, community-based screenings, referrals to low/no-cost programs and ensure placement of our mobile units in underserved communities with limited transportation. The health system's Board of Directors reviews and approved the CHNA and corresponding implementation plan further ensuring the organizational commitment to improving overall community health.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 6:	Affiliated health care system: The organization has an affiliation agreement with Miami-Dade County's Public Health Trust (PHT) to provide teaching physicians who supervise PHT's interns and residents at Jackson Memorial Hospital.

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	University of Miami Hospital & Clinics 1475 NW 12 Avenue Miami, FL 33136 sylvestor.org #4074	X	X		X			X		Prospective Payment System Exempt Hospital	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 5: The CHNA was conducted using several existing assessments including the Miami-Dade County Mobilizing for Action Planning Partnerships (MAPP), Healthy People 2020 and the Robert Wood Johnson Foundation's County Health rankings. These data sources along with both primary and secondary research targeting key patient service areas were conducted to determine the needs of the hospital's patient population and highlight key health disparities. Focus groups and in-depth interviews were conducted to seek feedback from the populations we serve including community partners, patients, general consumers and health system staff and leadership. In addition to the focus groups and interviews, paper and electronic surveys were administered using the following method: - Conducted in early 2019 - Distributed via email and in person - Collected 120 responses - Organizations throughout Miami-Dade County participated including: o Health Council of South Florida o Health Foundation of South Florida o Public Health Trust/Jackson Health System o South Florida Behavioral Health Network o Miami Dade County Grants Coordination o American Cancer Society o Sant La o Chamber of Commerce - Fort Lauderdale o Chamber of Commerce - South Florida Hispanic o Legal Services of Greater Miami o Susan G Komen o Ronald McDonald House o Florida Department of Health in Miami-Dade County o South Florida Hospital and Healthcare Association o Miami-Dade County AHEC o United Way of Miami-Dade</p> <p>The survey captured information about perceived community health needs, areas of priority and opportunities for improving community health. UMHC also partnered with the Health Foundation of South Florida on developing the CHNA. The CHNA was provided publicly on its web site and had paper copies available for review for anyone who inquired. After the data was collected and analyzed, seven priority areas emerged that UMHC has included in its CHNA: 1. Access to Care 2. Availability of Primary Care and Prevention 3. Cancer Prevention and Treatment 4. Chronic Disease management 5. Communicable Disease including HIV and STDs 6. Health Lifestyles including Physical Activity and Nutrition 7. Maternal and Child Health</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 11: UMHC will address the health needs identified above through th e strategies defined in the implementation strategy including several key initiatives outl ined below. Strategies in the implementation plan were developed via a consensus amongst a multidisciplinary steering committee. The implementation plan was approved by the UHealth Board of Directors in September 2019. UHealth's community benefit activities were greatly impacted beginning February 2020 by the novel coronavirus (COVID-19). In early March 2020 , all community-based activities, that could not be shifted online, were placed on hold fo r the safety of our community residents, faculty and staff. However, UHealth successfully transitioned many of its community benefit outreach, education, wellness activities, and h ealth care delivery, to telehealth/telemedicine platforms ensuring continuity of informati on and care to address the most pressing needs in our community. Access to care:Develop a comprehensive guide of all resources available to patients and their families and train fi nancial counselors on all options to connect patients with all available resources. The ev aluation metrics include the number of referrals to county programs, number of referrals t o partner programs such as Light House for the Blind for low vision patients and the numbe r of patients enrolled in available funding programs. Availability of Primary Care and Pre vention:Provide free comprehensive primary care to targeted underserved populations in Mia mi-Dade County through various partnerships including the Miller School of Medicine Depart ment of Community Service, Center for Haitian Studies, IDEA Clinic and Light of the World. The evaluation metrics include the number of people served through these free clinics and the number of people with positive findings referred for follow up care. Cancer Preventio n and Treatment:Provide free cancer screenings and prevention activities to black and Hisp anic populations in zip codes in Miami-Dade County with high incidence of late stage cance r in partnership with Sant La Haitian Neighborhood Center, WIC and the Department of Healt h. The evaluation metrics include the number of people screened and the number of people w ith positive findings who were referred to supportive services. Chronic Disease Management :Provide free glucose screenings and blood pressure checks to individuals who are at risk and have limited access to formal healthcare. The evaluation metrics include the number of patients with abnormal findings and referrals to appropriate, accessible follow up care.C ommunicable Disease:Utilize a mobile unit to provide free HIV screenings and PrEP (pre-exp osure prophylaxis) to individuals at high risk of infection in partnership with the Miller School Center for AIDS Research and the County Department of Health. The evaluation metri cs include the number of people with positive screenings who were referred for appropriate follow up care and the number</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	of people provided PrEP. Healthy Lifestyles:Develop a resources directory to provide to p atients that includes all available resources to assist with nutritional needs including W IC, SNAP and TANF in partnership with the County Department of Health. The evaluation metr ic includes the number of people counseled on available resources and provided the directo ry. Maternal and Child Health:Provide free well child visits including immunizations to el ementary school children at underserved populated schools in Miami-Dade County in partners hip with the Children's Health Fund, Kennedy Foundation, Center for Haitian Studies and th e Garfield Foundation. The evaluation metrics include the number of students receiving wel l child visits and the number of students receiving immunizations.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
University of Miami

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 157

3 Enter total number of other organizations listed in the line 1 table 49

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships for tuition housing meals and books	9183	458,243,503		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Procedure for Monitoring Grants: Grants to organizations and individuals awarded for the purpose of conducting research are monitored as follows: Subcontracts are issued with a defined scope of work and a budget and include other terms and conditions such as frequency of required reporting. The faculty member at the University of Miami responsible for the grant monitors the scientific progress via site visits, correspondence, reports, etc. Invoices submitted for payments by the outside organization or by an individual are approved by the University of Miami Faculty member responsible for the grant.
Schedule I, Part III:	Assistance to the University students in the form of scholarships are awarded for the purpose of aiding with the cost of attending the University (i.e., for tuition, housing and meals). Scholarships are based on need and academic achievement. Total scholarships, grants and loans cannot exceed the total cost of attendance. The University publishes criteria for the eligibility requirements needed to award a scholarship. The amount of aid awarded is based on a need analysis formula developed by the federal government and includes verification of the information submitted by the student.

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
123 THERAPY INC 3670 N 54TH AVE HOLLYWOOD, FL 330212340	45-3437211		158,079		N/A	N/A	RESEARCH
ACEER FOUNDATION PO BOX 541 WEST CHESTER, PA 19381	63-1045786	501(c)(3)	7,623		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRIANA TAFUR SERVICES INCORPORATED 2020 NE 163RD ST STE 207 N MIAMI BEACH, FL 331624927	51-0535858		56,962		N/A	N/A	RESEARCH
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	13-5613797	501(c)(3)	558,529		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN UNIVERSITY OF BEIRUT 3 DAG HAMMARSKJOLD PLZ FL 8 NEW YORK, NY 100172322	13-5596846	501(c)(3)	38,067		N/A	N/A	RESEARCH
ANGEL SPEECH AND THERAPY SERVICES INC 5470 W 16TH AVE HIALEAH, FL 330122105	46-2204485		8,680		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY 1001 S MCALLISTER AVE TEMPE, AZ 852876401	86-0196696	State of AZ	14,009		N/A	N/A	RESEARCH
ARTEMIS INC 36 CENTRAL AVE HAUPPAUGE, NY 117884734	11-3514688		25,000		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATMOSPHERIC AND ENVIRONMENTAL RESEARCH INC 131 HARTWELL AVE LEXINGTON, MA 024213126	04-2608324		98,855		N/A	N/A	RESEARCH
BAPTIST HEALTH AMBULATORY SERVICES INC 800 PRUDENTIAL DR PAVILLION FL 6 JACKSONVILLE, FL 322078202	59-3410739	501(c)(3)	11,770		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM210-600D HOUSTON, TX 770303411	74-1613878	501(c)(3)	54,791		N/A	N/A	RESEARCH
BIO NETWORKS INC 1441 SW 1 ST MIAMI, FL 331352202	04-3687978		17,594		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 1220 CAPITOL CT MADISON, WI 537151237	39-1805963	501(c)(3)	196,176		N/A	N/A	RESEARCH
BRANDEIS UNIVERSITY 515 SOUTH ST MS079 WALTHAM, MA 024532728	04-2103552	501(c)(3)	72,057		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN UNIVERSITY 69 BROWN STREET BOX 1997 PROVIDENCE, RI 02912	05-0258809	501(c)(3)	162,447		N/A	N/A	RESEARCH
BUILDING FOUNDATIONS THERAPY SERVICES INC 13590 SW 134TH AVE STE 107 MIAMI, FL 331864575	46-1893790		27,770		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 234-6 PASADENA, CA 911250001	95-1643307	501(c)(3)	228,214		N/A	N/A	RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE 475 BRANNAN ST SUITE 130 SAN FRANCISCO, CA 941075498	94-0562680		11,910		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE NORD HALL SUITE 615 CLEVELAND, OH 441067037	34-1018992	501(c)(3)	538,484		N/A	N/A	RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD FINANCE DEPARTMEN LOS ANGELES, CA 900481804	95-1644600	501(c)(3)	72,601		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR FAMILY AND CHILD ENRICHMENT INC 1825 NW 167 STREET SUITE 102 MIAMI GARDENS, FL 33056	59-1775062		24,655		N/A	N/A	RESEARCH
CHILDRENS HEALTH AND EDUCATIONAL MANAGEMENT 8785 SW 165TH AVE STE 106D MIAMI, FL 331935827	02-0552323		110,710		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 7041 DIVISION OF PULMONARY MED CINCINNATI, OH 45229	31-0833936		44,836		N/A	N/A	RESEARCH
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION PO BOX 100947 ATLANTA, GA 303840947	65-0844880		15,401		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLABORATIVE DRUG DISCOVERY INC 1633 BAYSHORE HWY STE 342 BURLINGAME, CA 940101515	42-1631574		207,961		N/A	N/A	RESEARCH
COLORADO SEMINARY 1999 E EVANS AVE KRH 317 DENVER, CO 80208	84-0404231	501(c)(3)	67,633		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216TH ST CUTLER BAY, FL 331901003	59-1372690	501(c)(3)	283,017		N/A	N/A	RESEARCH
COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU 3112 LEE BUILDING COLLEGE PARK, MD 207425141	52-6002033	State of MD	47,593		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCEPT HEALTH SYSTEMS INC 162 NE 49TH ST MIAMI, FL 331373118	23-7063810	501(c)(3)	18,789		N/A	N/A	RESEARCH
CONNECTFAMILIAS INC 1111 SW 8TH ST STE 207 MIAMI, FL 331303639	37-1646586		47,072		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 526 N CAMPUS 130 BIOTECHNOLOGY BLDG ITHACA, NY 148536007	15-0532082	501(c)(3)	12,435		N/A	N/A	RESEARCH
CRAIG HOSPITAL 3425 S CLARKSON ST BUSINESS OFFICE ENGLEWOOD, CA 801132811	84-0404233	501(c)(3)	146,890		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D&D REHAB CENTER INC 3412 W 84TH ST UNIT E-106 HIALEAH, FL 330184918	27-1913437		7,908		N/A	N/A	RESEARCH
DEBORA A FRYE 6350 SW 112TH ST MIAMI, FL 331564851	26-1939010		17,370		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGITAL PROMISE GLOBAL 1001 CONNECTICUT AVE NW STE 935 WASHINGTON, DC 200365561	46-5460594	501(c)(3)	22,366		N/A	N/A	RESEARCH
DREXEL UNIVERSITY ELAM PROGRAM 2900 W QUEEN LN K WING PHILADELPHIA, PA 191291033	23-1352630	501(c)(3)	242,080		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 2119 CIEMAS 101 SCIENCE DR-DUKE BOX 3382 DURHAM, NC 27708	56-0532129	501(c)(3)	208,732		N/A	N/A	RESEARCH
EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 331251616	59-0722783	501(c)(3)	12,778		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN VIRGINIA MEDICAL SCHOOL OFFICE OF GRANTS ACCOUNTING PO BOX 1980 NORFOLK, VA 235011980	54-6055378		71,667		N/A	N/A	RESEARCH
EDUCATE TOMORROW CORP 1717 N BAYSHORE DR STE 203 MIAMI, FL 331321196	51-0493526	501(c)(3)	49,383		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMUNE INC 14155 US HIGHWAY 1 STE 302 JUNO BEACH, FL 334081430	46-2445960		18,000		N/A	N/A	RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD 3RD FL- 1599-001-1AD FL-1599-001-1AD ATLANTA, GA 30322	58-0566256	501(c)(3)	3,528,784		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CENTRAL INC 10800 BISCAYNE BLVD STE 201 MIAMI, FL 33161	59-1487190	501(c)(3)	924,181		N/A	N/A	RESEARCH
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 820 E PARK AVE STE D200 TALLAHASSEE, FL 323012688	59-3352342	501(c)(3)	63,152		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY 777 GLADES RD DIV OF SPONSORED RESEARCH BOCA RATON, FL 334316424	65-0385507	State of FL	121,926		N/A	N/A	RESEARCH
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION FISH AND WILDLIFE RESEARCH INS PO BOX 6150 TALLAHASSEE, FL 337016150	59-3105845	State of FL	79,236		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH ST CS319 MIAMI, FL 331992516	65-0177616	State of FL	1,340,628		N/A	N/A	RESEARCH
FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC 5800 OVERSEAS HWY STE 38 MARATHON, FL 330502744	65-0183810	501(c)(3)	553,268		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA REHAB PROFESSIONALS GROUP INC 401 CORAL WAY STE 403 CORAL GABLES, FL 331344926	45-0601954		336,056		N/A	N/A	RESEARCH
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY-PO BOX 3064166 TALLAHASSEE, FL 323064166	59-1961248	State of FL	286,228		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAMA REHAB SERVICES INC 14411 COMMERCE WAY STE 230 MIAMI LAKES, FL 330161598	20-0203443		48,580		N/A	N/A	RESEARCH
GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 322042534	59-1881828	501(c)(3)	194,812		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR MSN 2E1 FAIRFAX, VA 220304422	54-0836354	State of VA	156,667		N/A	N/A	RESEARCH
GEORGETOWN UNIVERSITY BOX 571438-GEORGETOWN UNIVERSITY WASHINGTON, DC 200571438	53-0196603	501(c)(3)	336,974		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL JR DR SE STE 3H005 ATLANTA, GA 303033031	26-2037695	501(c)(3)	85,537		N/A	N/A	RESEARCH
GREENWOOD GENETIC CENTER INC 101 GREGOR MENDEL CIR GREENWOOD, SC 296462316	57-0604070	501(c)(3)	49,651		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC PO BOX 198441 ATLANTA, GA 303848441	59-2451713	501(c)(3)	125,676		N/A	N/A	RESEARCH
HARTFORD HOSPITAL CORP 80 SEYMOUR ST HARTFORD, CT 061025037	06-0646668	501(c)(3)	9,154		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CHOICE NETWORK INC 9064 NW 13TH TER DORAL, FL 331722907	90-0525658	501(c)(3)	195,644		N/A	N/A	RESEARCH
HENNEPIN HEALTHCARE RESEARCH INSTITUTE 825 S 8TH ST STE PP7700 MINNEAPOLIS, MN 554151208	41-1677920	501(c)(3)	23,333		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM FUND ACCOUNTING 1 FORD PL 5E DETROIT, MI 482023067	38-1357020	501(c)(3)	232,584		N/A	N/A	RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PL BOX 3500 NEW YORK, NY 100296504	13-6171197	501(c)(3)	56,727		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY DEPT OF BIOLOGY BDSC 400 E 7TH ST POPLARS RM 501 BLOOMINGTON, IN 474057005	35-6001673	State of IN	489,356		N/A	N/A	RESEARCH
INTERCOASTAL MEDICAL GROUP INC 2750 BAHIA VISTA ST STE 134 SARASOTA, FL 342392617	65-0784345		15,532		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA INC 735 NE 125 ST NORTH MIAMI, FL 331615611	59-0637867	501(c)(3)	670,106		N/A	N/A	RESEARCH
JUST LEARNING CORP 8341 NW 21 COURT SUNRISE, FL 33322	20-4969026		92,255		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDSCARE THERAPY CENTER INC 1140 W 50TH ST STE 303 HIALEAH, FL 33012	46-3053120		30,781		N/A	N/A	RESEARCH
KREATIVE KIDS THERAPY CENTER CO 8491 NW 17TH ST STE 110 DORAL, FL 331261025	46-2510560		50,950		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOS SALUD INC 925 ARTHUR GODFREY RD STE 200 MIAMI BEACH, FL 331403338	26-2763535	501(c)(3)	54,026		N/A	N/A	RESEARCH
LEARNING WITH FUN-BETTER FUTURE CORP 12350 SW 132ND CT STE 109 MIAMI, FL 331866458	20-4409513		240,635		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY KIDS INC 50 NE 128TH ST MIAMI, FL 331614512	20-5019202		16,120		N/A	N/A	RESEARCH
LOOK THINK & LEARN INC 1800 SW 27TH AVE APT 208 MIAMI, FL 331452455	20-2605325		33,290		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 559050001	41-6011702	501(c)(3)	66,162		N/A	N/A	RESEARCH
MAYO CLINIC JACKSONVILLE RESEARCH FINANCE-FLORIDA PO BOX 860334 MINNEAPOLIS, MN 554860334	59-3337028	501(c)(3)	37,727		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE - BOX 10 NEW YORK, NY 10065	13-1924236		310,878		N/A	N/A	RESEARCH
MIAMI CHILDREN'S INITIATIVE INC 5400 NW 22ND AVE 4 MIAMI, FL 331423075	27-5025010	501(c)(3)	5,137		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI DADE COLLEGE 11011 SW 104 STREET ATTN ACADEMIC AFFAIRS MIAMI, FL 331763330	59-1210485	State of FL	7,768		N/A	N/A	RESEARCH
MIAMI-DADE AREA HEALTH EDUCATION CENTER INC 1200 NW 78TH AVENUE SUITE 209 MIAMI, FL 331261817	65-0009277	501(c)(3)	698,702		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY BAY AQUARIUM RESEARCH INSTITUTE 7700 SANDHOLDT ROAD MOSS LANDING, CA 95039	77-0150580	501(c)(3)	191,648		N/A	N/A	RESEARCH
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873		2,216,319		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI MEDICAL CENTER OF FLORIDA INC 4302 ALTON RD STE 730 MIAMI BEACH, FL 331402893	59-0624424	501(c)(3)	76,080		N/A	N/A	RESEARCH
MY TIME INC 1800 SW 1ST AVE SUITE 502 MIAMI, FL 33129	30-0755466		43,475		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FIRE PROTECTION RESEARCH FOUNDATION 1 BATTERYMARCH PARK QUINCY, MA 021697454	52-1256543	501(c)(3)	6,935		N/A	N/A	RESEARCH
NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS NEWARK, NJ 07102	22-6000910	State of NJ	178,410		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 105951524	13-1099420	501(c)(3)	12,556		N/A	N/A	RESEARCH
NEW YORK UNIVERSITY BANK OF AMERICA NYU SCHOOL OF MEDICINE-PO BOX 415026 BOSTON, MA 022415026	13-5562309		10,444		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BROWARD HOSPITAL DISTRICT GRANTS ADMINISTRATION 1608 SE 3RD AVE STE 507 FORT LAUDERDALE, FL 333162564	59-6012065	501(c)(3)	5,108		N/A	N/A	RESEARCH
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY 1601 EAST MARKET ST GREENSBORO, NC 274110001	56-6000007	State of NC	182,456		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 1801 MAPLE AVE 2ND FLOOR-SUITE 2410 2410 EVANSTON, IL 602011112	36-2167817	501(c)(3)	111,912		N/A	N/A	RESEARCH
NOVA SOUTHEASTERN UNIVERSITY INC FACILITIES MANAGEMENT 3301 COLLEGE AVE FT LAUDERDALE, FL 333143025	59-1083502	501(c)(3)	1,387,643		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD L106OPAM PORTLAND, OR 972393079	93-1176109	State of OR	195,350		N/A	N/A	RESEARCH
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION 3181 SW SAM JACKSON PARK RD MAIL CODE SJH-2 PORTLAND, OR 97214	23-7083114	501(c)(3)	32,349		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE FL 5 CAMBRIDGE, MA 021385369	04-2103580	501(c)(3)	51,847		N/A	N/A	RESEARCH
PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY FLORIDA 1611 NW 12TH AVE-EAST TOWER 3003 MIAMI, FL 331361005	59-1713947		72,690		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL PREVENTION LLC 130 PEARL BROOK DR CLIFTON, NJ 070134007	46-2906812		30,348		N/A	N/A	RESEARCH
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA ACADEMIC PRESERVATION TRUST PO BOX 400107 CHARLOTTESVILLE, VA 229044107	54-6001796	501(c)(3)	65,609		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 925210001	95-6006142	State of CA	281,576		N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 2795 2ND ST STE 400 DAVIS, CA 956186505	94-6036494	State of CA	112,577		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 291 ROSECRANS ST SAN DIEGO, CA 921063505	94-3067788	501(c)(3)	549,855		N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR MC 0009 LA JOLLA, CA 920930009	95-6006144	State of CA	715,707		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA 111 3RD AVE S STE 290 MINNEAPOLIS, MN 554012552	41-6007513	State of MN	244,456		N/A	N/A	RESEARCH
RESEARCH FOUNDATION OF CUNY 230 W 41 ST 7TH FLOOR NEW YORK, NY 100367207	14-1368361	501(c)(3)	179,849		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 145 BEVIER RD PISCATAWAY, NJ 088548082	22-6001086	State of NJ	17,679		N/A	N/A	RESEARCH
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(c)(3)	37,099		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE STATE UNIVERSITY 210 N FOURTH STREET 4TH FLOOR SAN JOSE, CA 951125569	94-6017638	501(c)(3)	2,392,276		N/A	N/A	RESEARCH
SANFORD-BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE INC 10901 N TORREY PINES RD LA JOLLA, CA 920371005	51-0197108	501(c)(3)	118,690		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVING MOTHERS 555 MADISON AVE STE 513 NEW YORK, NY 100223301	26-3905821	501(c)(3)	11,300		N/A	N/A	RESEARCH
SCHOOL BOARD MIAMI-DADE COUNTY FLORIDA 1450 NE 2ND AVE STE 450 MIAMI, FL 331321308	59-6000572	M. Dade County	169,212		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION 1201 NW 16TH ST RM D806C MIAMI, FL 331251624	65-0207903	501(c)(3)	445,315		N/A	N/A	RESEARCH
SPEECH PATHOLOGY AND EDUCATIONAL CENTER INC 8590 SW 40TH ST MIAMI, FL 331553214	65-0303523		170,195		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678	62-0646012	501(c)(3)	59,358		N/A	N/A	RESEARCH
STATE OF LOUSIANA TREASURY DEPT FOR UNIVERSITY OF LOUISIANA AT LAFAYETTE 104 UNIVERSITY CIRCLE LAFAYETTE, LA 705032014	72-6000820	State of LA	621,805		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUAGM DBA UNIVERSIDAD DEL TURABO PO BOX 21345 RIO PIEDRAS, PR 009281345	66-0201206	501(c)(3)	22,600		N/A	N/A	RESEARCH
SUNSHINE HEALTH NETWORK INC 15321 S DIXIE HWY STE 309 PALMETTO BAY, FL 331571873	42-1747958		52,485		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M UNIVERSITY 6000 TAMU COLLEGE STATION, TX 77843	74-6000531	State of TX	131,902		N/A	N/A	RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 415 BROADWAY ST FL 2 MC 8854 REDWOOD CITY, CA 940633133	94-1156365	501(c)(3)	487,417		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIGHAM AND WOMEN'S HOSPITAL INC PO BOX 3887 BOSTON, MA 022413887	04-2312909	501(c)(3)	74,039		N/A	N/A	RESEARCH
THE CENTER FOR FAMILY AND CHILD ENRICHMENT INC 1825 NW 167TH ST STE 102 MIAMI GARDENS, FL 330564838	59-1775062		62,518		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY 2709 WATER RIDGE PKWY STE 300 CHARLOTTE, NC 282174559	56-0529945		17,538		N/A	N/A	RESEARCH
THE EMORY CLINIC INC PO BOX 1162810 ATLANTA, GA 303686218	58-2030692	501(c)(3)	231,433		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENERAL HOSPITAL CORPORATION PO BOX 3829 BOSTON, MA 022413829	04-2697983	501(c)(3)	147,201		N/A	N/A	RESEARCH
THE GENEVA FOUNDATION PO BOX 84212 SEATTLE, WA 981245512	91-1593913	501(c)(3)	12,674		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA, PA 191829896	53-0196584	501(c)(3)	124,313		N/A	N/A	RESEARCH
THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MILITARY MEDICINE 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 208171891	52-1317896		6,656,165		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JOHNS HOPKINS UNIVERSITY PO BOX 65045 BALTIMORE, MD 212645045	52-0595110	501(c)(3)	123,305		N/A	N/A	RESEARCH
THE MCLEAN HOSPITAL CORPORATION 115 MILL ST BELMONT, MA 024781064	04-2697981	501(c)(3)	241,255		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE METROHEALTH SYSTEM PO BOX 73308-RE 62005750-8951021199 62005750-8951021199 CLEVELAND, OH 441930002	34-6004382		12,560		N/A	N/A	RESEARCH
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 322078426	59-0634433	501(c)(3)	9,229		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FL 4 1960 KENNY RD COLUMBUS, OH 432101063	31-6401599	501(c)(3)	298,368		N/A	N/A	RESEARCH
THE OHIO STATE UNIVERSITY 556 BIOLOGICAL SCIENCES 484 W 12TH AVE OSU COLUMBUS, OH 432101214	31-6025986	State of OH	22,266		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY 137 EAST AREA BLDG UNIVERSITY PA, PA 168021503	24-6000376	State of PA	112,236		N/A	N/A	RESEARCH
THE REACH INSTITUTE RESOURCE FOR ADVANCING CHILDREN'S HEALTH 404 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10018	20-5437835	501(c)(3)	26,681		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENT OF THE UNIVERSITY OF CALIFORNIA PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	State of CA	264,398		N/A	N/A	RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 920371000	33-0435954	501(c)(3)	192,124		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 3030 BROADWAY MAIL CODE 1900 NEW YORK, NY 100276902	13-5598093	501(c)(3)	3,354,969		N/A	N/A	RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA INC THE WHARTON SCHOOL LOCKBOX 9726-PO BOX 8500 PHILADELPHIA, PA 191789726	23-1352685	501(c)(3)	954,046		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUSCON, AZ 857190521	74-2652689	State of AZ	111,741		N/A	N/A	RESEARCH
THE UNIVERSITY OF TENNESSEE 910 MADISON AVE STE 823 MEMPHIS, TN 381630823	62-6001636	State of TN	121,166		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VANDERBILT UNIVERSITY PMB 401591 2301 VANDERBILT PL NASHVILLE, TN 372401591	62-0476822	501(c)(3)	32,541		N/A	N/A	RESEARCH
THERAPY BY DESIGN INC 17670 NW 78TH AVE STE 113 MIAMI, FL 330153665	90-0060916		41,265		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 1025 WALNUT STREET SUITE 904 PHILADELPHIA, PA 19107	23-1352651	501(c)(3)	26,340		N/A	N/A	RESEARCH
TRUSTEES OF BOSTON UNIVERSITY PO BOX 28763 NEW YORK, NY 100878763	04-2103547	501(c)(3)	65,708		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY 800 EAST COMMERCE ROAD- SUITE 203 HARAHAN, LA 70123	72-0423889	501(c)(3)	7,364		N/A	N/A	RESEARCH
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 009606032	66-0349669	501(c)(3)	115,481		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH 3090 CENTER GREEN DR BOULDER, CO 803012252	84-0412668	501(c)(3)	39,180		N/A	N/A	RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM 619 19TH ST S BIRMINGHAM, AL 352331900	63-6005396	State of AL	157,634		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA ONE SHIELDS AVE MS1C ROOM 126 DAVIS, CA 95616	95-2226406	State of CA	55,906		N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA SANTA BARBARA DISTRIBUTION LOGISTICAL SERVICES BLDG 507 SANTA BARBARA, CA 931062040	95-6006145	State of CA	160,615		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES 4000 CENTRAL FLORIDA BLVD POB 162450 ENG 2 STE 211 ORLANDO, FL 328162450	59-2924021	State of FL	5,486		N/A	N/A	RESEARCH
UNIVERSITY OF CHICAGO 6054 S DREXEL AVE STE 300 CHICAGO, IL 606372612	36-2177139	501(c)(3)	37,390		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 932641 CLEVELAND, OH 441930014	31-6000989	State of OH	39,740		N/A	N/A	RESEARCH
UNIVERSITY OF COLORADO BOULDER PO BOX 910220 DENVER, CO 802910220	84-6000555	State of CO	60,841		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 197160099	51-6000297	501(c)(3)	172,406		N/A	N/A	RESEARCH
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES UF OFFICE OF RESEARCH PO BOX 115500-GRINTER HALL GAINESVILLE, FL 326115500	59-6002052	State of FL	2,741,562		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 200 HAWKINS DR IOWA CITY, IA 52242	42-6004813	State of IA	167,655		N/A	N/A	RESEARCH
UNIVERSITY OF KANSAS CENTER FOR RESEARCH INC 3901 RAINBOW BLVD MS1039 KANSAS CITY, KS 661608500	48-1108830	501(c)(3)	366,072		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH ATTN MEDICAL SCHOOL BURSAR WORCESTER, MA 01655	04-3167352	State of MA	60,753		N/A	N/A	RESEARCH
UNIVERSITY OF NEW MEXICO LATIN AMERICAN IBERIAN INSTITUTE MSC02 1690-1 ALBUQUERQUE, NM 871310001	85-6000642		307,996		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 4160-H BIOINFORMATICS BUILDING CAMPUS BOX 7555 CHAPEL HILL, NC 275997555	56-6001393	State of NC	77,569		N/A	N/A	RESEARCH
UNIVERSITY OF NORTH TEXAS 1155 UNION CIR 305250 DENTON, TX 762035017	75-6002149	State of TX	536,740		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA 201 STEPHENSON PKWY STE 3100 NORMAN, OK 730692050	73-1377584	State of OK	18,491		N/A	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 7436 PITTSBURGH, PA 152130436	25-0965591	501(c)(3)	137,839		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE 673 ROCHESTER, NY 146420001	16-0743209	501(c)(3)	22,953		N/A	N/A	RESEARCH
UNIVERSITY OF SOUTH FLORIDA DIVISON OF SPONSORED RESEARCH STE 160-3650 SPECTRUM BLVD TAMPA, FL 336129446	59-2959590	501(c)(3)	763,105		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 328864568	59-3102112	State of FL	26,943		N/A	N/A	RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS STE 205 LOS ANGELES, CA 900898006	95-1642394	501(c)(3)	129,377		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7399 AUSTIN, TX 787133999	74-6000203	State of TX	263,069		N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 6431 FANNIN ST MSB 4200 HOUSTON, TX 770301501	74-1761309	State of TX	408,996		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7793 FLOYD CURL DR MSC 7883 SAN ANTONIO, TX 78229	74-1586031	State of TX	21,462		N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD STE 307 HOUSTON, TX 770304009	74-6001118	State of TX	144,930		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER OBRIEN KIDNEY CENTER 5323 HARRY HINES BLVD H5132 DALLAS, TX 753908856	75-6002868	State of TX	42,233		N/A	N/A	RESEARCH
UNIVERSITY OF THE VIRGIN ISLANDS 2 JOHN BREWERS BAY CHARLOTTE AMA, VI 008026004	66-0432514	501(c)(3)	269,525		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 115 SOUTH 1460 EAST RM 383 SALT LAKE CITY, UT 84112	87-6000525	State of UT	16,699		N/A	N/A	RESEARCH
UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON, VT 054051704	03-0179440	501(c)(3)	5,343		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001587	State of WA	430,158		N/A	N/A	RESEARCH
UNIVERSITY OF WASHINGTON 9750 3RD AVE NE STE 400- BOX 358738 SEATTLE, WA 98115	91-6001537	State of WA	757,739		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER INC PO BOX 121236 DALLAS, TX 753121236	35-2528741	501(c)(3)	433,051		N/A	N/A	RESEARCH
VARIETY CHILDRENS HOSPITAL 3100 SW 62ND AVE MIAMI, FL 331553009	59-0638499	501(c)(3)	40,676		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA INSTITUTE OF MARINE SCIENCE PO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001802		11,926		N/A	N/A	RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCE SECTION ON NEPHROLOGY MEDICAL CENTER BLVD WINSTONSALEM, NC 271571053	22-3849199	501(c)(3)	391,405		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY CB 8086-660 S EUCLID AVE ST LOUIS, MO 631101010	43-0653611	501(c)(3)	220,855		N/A	N/A	RESEARCH
WATER MAPPING LLC 1041 EDGEWATER LN GULF BREEZE, FL 325633311	47-3600220		71,800		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY CASHIERS OFFICE PO BOX 02788 DETROIT, MI 482020788	38-6028429	State of MI	56,367		N/A	N/A	RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE BOX 89 NEW YORK, NY 10021	13-1623978	501(c)(3)	23,103		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	13-1788491	501(c)(3)	95,000		N/A	N/A	GENERAL SUPPORT
AMERICAN PANCREATIC ASSOCIATION INC PO BOX 352406 MIAMI, FL 331358406	43-1422062	501(c)(3)	20,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE ELEMENTARY SCHOOL 2025 NW 1ST AVE MIAMI, FL 331274901	46-5629626	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
CORAL GABLES CHAMBER OF COMMERCE 224 CATALONIA AVENUE CORAL GABLES, FL 33134	59-0205525	501(c)6	47,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL HERALDO DE BROWARD INC 116 ROYAL PARK DR 1G OAKLAND PARK, FL 333095860	59-2013604		10,000		N/A	N/A	GENERAL SUPPORT
ELSEVIER INC PO BOX 7247-8455 PHILADELPHIA, PA 191708455	13-1958712	501(c)(3)	5,940		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA PHILANTHROPIC NETWORK 5421 BEAUMONT CENTER BLVD STE 655 TAMPA, FL 33634	20-1328734	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
GILDA'S CLUB OF SOUTH FLORIDA INC 119 ROSE DR FORT LAUDERDALE, FL 333161043	65-0528626	501(c)(3)	15,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE INC 512 NE 3RD AVE FORT LAUDERDALE, FL 333013236	59-0250255	501(c)6	20,000		N/A	N/A	GENERAL SUPPORT
GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BOULEVARD BALLROOM LEVEL MIAMI, FL 33132	59-0358775	501(c)6	35,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PLANTATION CHAMBER OF COMMERCE INC 7401 NW 4TH ST PLANTATION, FL 333172204	59-0977809	501(c)6	8,050		N/A	N/A	GENERAL SUPPORT
JACKSON HEALTH FOUNDATION INC 1501 NW NORTH RIVER DR MIAMI, FL 331252619	65-0077727	501(c)(3)	20,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE MANHATTAN BEACH, CA 902663763	33-0841281	501(c)(3)	35,000		N/A	N/A	GENERAL SUPPORT
REGENERATIVE MEDICINE FOUNDATION INC 9314 FOREST HILL BLVD STE 2 WELLINGTON, FL 334116577	20-5509308	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARSHERET INC 1086 TEANECK RD STE 2G TEANECK, NJ 076664855	13-4198529	501(c)(3)	12,000		N/A	N/A	GENERAL SUPPORT
SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE INC 333 ARTHUR GODFREY RD STE 300 MIAMI BEACH, FL 331403642	65-0511241	501(c)6	25,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN MIAMI FT LAUDERDALE 1333 S UNIVERSITY DR STE 206 PLANTATION, FL 333244001	75-2844638	501(c)(3)	60,000		N/A	N/A	GENERAL SUPPORT
SUSAN G KOMEN SOUTH FLORIDA 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 334013406	65-0254225	501(c)(3)	35,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY INC PO BOX 735308 DALLAS, TX 753735308	13-5644916	501(c)(3)	1,024,000		N/A	N/A	GENERAL SUPPORT
UNITED WAY OF BROWARD COUNTY INC 1300 S ANDREWS AVE FT LAUDERDALE, FL 333161838	59-0624402	501(c)(3)	40,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	59-0830840	501(c)(3)	52,434		N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 4160-H BIOINFORMATICS BLDG CAMPUS BOX 7555 CHAPEL HILL, NC 275997555	56-6001393	State of NC	20,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YES INSTITUTE 5275 SUNSET DRIVE MIAMI, FL 33143	65-0646667	501(c)(3)	5,904		N/A	N/A	GENERAL SUPPORT

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	Compensation Information		OMB No. 1545-0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2019
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		
Name of the organization University of Miami		Employer identification number 59-0624458		Open to Public Inspection

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a Yes	
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	First Class Travel: First class travel was provided to President Julio Frenk, Manuel Diaz, and James J. Larranaga. The amounts were not included in taxable income. House and Household Assistance: A house and household assistance is provided to the President Julio Frenk at the convenience of the employer as a condition of employment. Certain amounts were included in taxable income for President Julio Frenk. Club Dues: Club dues were provided for Julio Frenk, Jeffrey Duerk, James J. Larranaga, Jacqueline Travisano, Edward Abraham, and Manuel Diaz. The amounts were included in taxable income. Social Club Dues: Social club dues were provided for Julio Frenk, Jacqueline Travisano, and Jeffrey Duerk. The amounts were not included in taxable income. Tax Gross-Up Payments: Tax Gross-Up Payments were provided to President Julio Frenk and Manuel Diaz.
Part I, Line 6	Hospital & Clinic may provide incentives to certain officers, and highly compensated individuals. Incentive payment are based on productivity / efficiency measures, as well as certain financial targets.
Part I, Line 7	Certain officers received sign-on bonuses, and one time payments for assuming duties outside of their job requirements / description

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Manuel Diaz Head Coach, Football	(i)	270,491	13,500	9,287,987	28,000	27,390	9,627,368	0
	(ii)	0	0	0	0	0	0	0
1Joseph Lamelas Director & Professor	(i)	2,467,528	0	89,386	0	19,527	2,576,441	0
	(ii)	0	0	0	0	0	0	0
2James J Larranaga Head Coach, Basketball	(i)	245,692	40,000	2,119,297	28,000	20,915	2,453,904	0
	(ii)	0	0	0	0	0	0	0
3Dipen J Parekh Director & Professor	(i)	858,035	325,982	635,446	28,000	72,696	1,920,159	0
	(ii)	0	0	0	0	0	0	0
4Julio Frenk President	(i)	1,215,136	192,000	108,985	28,000	274,183	1,818,304	0
	(ii)	0	0	0	0	0	0	0
5Edward Abraham EVP & CEO of Uhealth	(i)	1,187,798	466,870	32,206	28,000	29,187	1,744,061	0
	(ii)	0	0	0	0	0	0	0
6Jacqueline A Travisano Executive VP & COO	(i)	797,386	147,656	2,326	28,000	25,584	1,000,952	0
	(ii)	0	0	0	0	0	0	0
7Jeffrey Duerk Executive VP & Provost	(i)	804,665	79,825	4,480	28,000	28,187	945,157	0
	(ii)	0	0	0	0	0	0	0
8Aileen Ugalde University Secretary (former)	(i)	620,683	0	48,407	35,759	29,811	734,660	0
	(ii)	0	0	0	0	0	0	0
9Leslie Dellinger Aceituno Secretary	(i)	158,864	0	1,378	34,054	21,176	215,472	0
	(ii)	0	0	0	0	0	0	0
10Marc Buoniconti Trustee/Senior Director	(i)	180,069	0	138	18,058	1,188	199,453	0
	(ii)	0	0	0	0	0	0	0
11Joseph Echevarria Trustee	(i)	140,398	0	14,385	0	3,551	158,334	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-0624458

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Miami-Dade Co Educ Fac Authority	52-1418508	59333AFW6	04-26-2007	473,302,568	See Schedule K, Part VI	X			X		X
B Miami-Dade Co Educ Fac Authority	52-1418508	59333ALR0	12-12-2012	106,138,985	See Schedule K, Part VI		X		X		X
C Miami-Dade Co Educ Fac Authority	52-1418508	59333AMB4	10-07-2015	432,889,335	See Schedule K, Part VI		X		X		X
D Miami-Dade Co Educ Fac Authority	52-1418508	59333ANA5	03-27-2018	251,677,763	See Schedule K, Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	121,175,000						635,000	
2	Amount of bonds legally defeased	155,070,000							
3	Total proceeds of issue	480,088,974		106,149,046		433,709,817		257,512,866	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	17,381,191		1,362,336		9,394,090		14,566,425	
6	Proceeds in refunding escrows	303,488,136				221,307,671			
7	Issuance costs from proceeds	3,097,405		929,658		2,213,897		1,657,665	
8	Credit enhancement from proceeds	3,351,958							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	152,770,285		103,763,232		200,794,159		226,340,529	
11	Other spent proceeds			93,819					
12	Other unspent proceeds							14,948,247	
13	Year of substantial completion	2009		2014		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.280 %		1.020 %		0.730 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0.510 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	1.790 %		1.020 %		0.730 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?				X		X	X	
b	Exception to rebate?				X		X		X
c	No rebate due?			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	Bayerische Landesbank							
c Term of GIC	210.0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X		X		X		X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part I - Line A, Column F:	Acquire, construct, equip and renovate University facilities and refunding of prior issues: Series 1993- Issue Date January 5, 1994; Series 1996A- Issue Date March 13, 1996; Series 1996B - Issue Date October 1, 1996; Series 1997A - Issue Date January 10, 1997; Series 2000A - Issue Date December 7, 1999; Series 2000B - Issue Date February 3, 2000; Series 2004A - Issue Date January 16, 2004; Schedule K, Part I - Line B, Column F: Finance and refinance the acquisition, construction, renovation and equipping of University facilities. Schedule K, Part I - Line C, Column F: Finance and refinance the costs of the acquisition, construction, renovation and equipping of University facilities. Schedule K, Part I - Line D, Column F: Finance or refinance, including through reimbursement, the acquisition, construction, and equipping of University facilities. Schedule K, Part I - Line C, Column C: CUSIP #59333AMB4; 59333AMA6 Schedule K, Part II - Line 3, Column A: Variance of \$6,786,406 when compared to Part I - Line A, Column (e) is due primarily to interest earnings. Schedule K, Part II - Line 3, Column B: Variance of \$10,060 when compared to Part I - Line B, Column (e) is due primarily to interest/dividend earnings and unspent issuance cost. Schedule K, Part II - Line 3, Column C: Variance of \$820,483 when compared to Part I - Line C, Column (e) is due primarily to interest/dividend earnings. Schedule K, Part II - Line 3, Column D: Variance of \$5,835,103 compared to Part I - Line D, Column (e) is due primarily to interest/divident earnings. Schedule K, Part IV - Line 1, Column A: Form 8038-T filed on 6/28/2016 for the Series 2007. Form 8038-T filed on 7/21/2011 for the Series 2007. Schedule K, Part IV - Line 2c, Column A, B, C, and D: Last rebate computation date 5/31/2020. No rebate due and no filing required on the Series 2007AB, 2012A, 2015A and 2018A.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		43,806	Disct Tuition	Tuition Asst

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
Schedule L, Part IV - Lines 1-5, 7 Col B	Family member of trustee.
Schedule L, Part IV - Lines 4, 6 Col B	Family member of officer.
Schedule L, Part IV - Lines 1-7 Col D	Family member employment.

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Marc Buoniconti	See Part V	182,070	See Part V		No
(1) Andrew Camner	See Part V	77,296	See Part V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) Gino DiMare	See Part V	426,733	See Part V		No
(1) Felicia Knaul	See Part V	386,316	See Part V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Eric Winter	See Part V	115,285	See Part V		No
(1) Rosemarie Ugalde	See Part V	168,000	See Part V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Laura Chamorro Dauer	See Part V	174,366	See Part V		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	210,951	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	199	8,977,735	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Equipment</u>)	X	5	2,017,708	Fair Market Value
26 Other ► (<u>Auction Items</u>)	X	130	0	See Part II
27 Other ► (_____)				
28 Other ► (_____)				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

3

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b:	Third Party or Related Organizations Utilized: The University utilizes external brokers to sell securities when the donated securities are not deemed to fit into the University's investment portfolio.
Part I, Line 33:	Items Included On Schedule M Not In Revenue: b. Part I, Line 26 - Auction items: Columns B and C include items donated for sale at fundraising event auctions (such as gift certificates, etc.) which are subsequently sold at fundraising event auctions but which are not included on form 990, Part VIII, Line 1(g).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
University of Miami

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

59-0624458

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Family and Business Relationships: Stuart Miller - Trustee, and Steven Saiontz - Trustee - Business Relationship; Charles Cobb-Trustee, Jorge Perez - Trustee - Business Relationship; Phillip T. Frost - Trustee, Phillip T. George - Trustee - Business Relationship; Marc B uoniconiti - Trustee, Paul DiMare - Trustee, - Business Relationship;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>Board Review of Form 990: Process by which the governing body was provided a copy of form 990 prior to filing: Form 990 is prepared by the University's Office of the Controller and reviewed by KPMG, LLP. Due to schedule constraints of committee chairs and members, the meeting dates for the Audit and Compliance Committee fluctuate from year to year. The University provides Form 990 to the Committee prior to filing. If the Committee's meeting dates do not coincide with the availability of the return, it is provided to the Committee electronically with time provided for questions and comments. Subsequent to the Committee's review a copy of the final return is shared with all voting members of the Board prior to filing.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Monitoring and Compliance with Conflict of Interest Policy: The Office of the Secretary of the Board of Trustees sends an annual conflict of interest questionnaire together with the policy adopted by the Board to all trustees, officers and key employees. Once replies are received, they are reviewed by the Vice President and Chief Compliance Officer and the Chair of The Conflict of Interest Sub-Committee. When apparent conflicts arise, the Sub-Committee reviews and makes recommendations to the Executive Committee for management or denial of the relationship or proposal creating the conflict.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>Process for Review of Compensation of Officers and Key Employees: The Compensation Review Sub-Committee of the Executive Committee reviews a summary of proposed compensation and survey data for any offer to a new officer or key employee of the University, including the President and trustees who are employees of the University. Once the compensation is approved, it is provided to the payroll office as a record of the committee's approval. Minutes of the meeting of the Compensation Review Sub-Committee of the Executive Committee are recorded by the Office of the Secretary. The following process is performed annually, typically at the April/May meeting of the Compensation Review Sub-Committee of the Executive Committee to approve compensation for the President, Executive Vice President and Provost, Senior Vice Presidents, the Vice President, General Counsel and Secretary, Vice President and Chief Compliance Officer, the Intercollegiate Athletic Director, and employees who are current trustees and former trustees for up to 5 years following conclusion of their service on the board: each officer's supervisor completes a written performance review and proposes a salary increase, prior to the meeting. The University participates in an annual comprehensive compensation survey compiled by an actuarial firm. The actuarial firm produces a survey of universities across the United States and, separately, data from for-profit corporations for positions that have a for-profit equivalent. The Compensation Review Sub-Committee of the Executive Committee receives the performance appraisals for each officer, key employee and trustee/employee, the completed survey prepared by the actuary, and the current and proposed salaries and other cash compensation for each officer and key employee, including the President and trustees who are employees of the University. After review and discussion, the Compensation Review Sub-Committee of the Executive Committee approves the compensation for those officers listed above, including the President, who is excused while deliberation about his/her compensation is discussed, and trustees who are employees of the University. Once the compensation is approved, it is provided to the payroll office as a record of the committee's approval. Minutes of the meeting of the Compensation Review Sub-Committee of the Executive Committee are recorded by the Office of the Secretary. The sub-committee reviews executive compensation in April/May as described above.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Governing Documents, Conflict of Interest Policy and Financial Statements Made Available to the General Public: The State of Florida, Department of State, Division of Corporations requires an annual registration filing, including any changes to Charter. Once filed, the Charter can be viewed on the State of Florida web site. Financial statements of the university are made available on the University's website. The University's financial statements are also made available to the general public on the federal government's census bureau website. The University's Bylaws and the Board's Conflict of Interest Policy are not made available to the public.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Officers, Directors, Trustees:	Edward A. Dauer is a Trustee and also serves as Research Associate Professor in the College of Engineering. Average hours per week estimate of 40 hours is based on a full time teaching load. Marc Buoniconti is a Trustee and also Senior Director - Advocacy and Donor Relations at the Miami Project to Cure Paralysis. Average hours per week estimate of 40 hours minimum is based on his being a full time, exempt employee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Various Other Adjustments Other Pension Related Gains / Losses 28,689,893. Refunds of Contributions -203,593.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) WVUM Inc PO Box 248191 Coral Gables, FL 33124 59-1729614	Edu Radio	FL	501(C)(3)	Line 7	N/A	Yes	
(2) University Rathskeller Inc 1330 Miller Drive Coral Gables, FL 33146 59-1410632	Student Food & Beverage	FL	501(C)(3)	Line 5	N/A	Yes	
(3) Ophthalmology Research Foundation Inc PO Box 015869 Mi, FL 33101 23-7081974	Fundraising	FL	501(C)(3)	Line 12c, III-FI	N/A		No
(4) The Buoniconti Fund to Cure Paralysis 1095 NW 14th Terrace Miami, FL 33136 65-0244316	Fundraising	FL	501(C)(3)	Line 7	N/A		No
(5) Florida Lions Eye Bank Inc 900 NW 17th Street 3rd Floor Miami, FL 33136 59-0967012	Fundraising/Donation	FL	501(C)(3)	Line 10	N/A		No
(6) Cane Angel Network Inc 1951 NW 7th Avenue Miami, FL 33136 84-3960646	Research innovation & Educ	FL	501(c)(3)	Line 12a, I	N/A	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CRUT (8)	Charitable Remainder Unitrust	FL	N/A						No
(2) Perpetual (2)	Perpetual Trust	FL	N/A						No
(3) University of Miami Insurance Co Ltd Clarendon House 2 Church St HM 11 BD	Insurance	BD	UM	C				Yes	
(4)								Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WVUM Inc	R	112,000	See Part VII
(2) Cane Angel Network Inc	R	258,850	See Part VII

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
Form 990 - Schedule, R, Part V, Line 2	Method used to determine the transaction amounts with controlled organizations is based on cash provided to, or received from each controlled organization.

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Biscayne View Properties LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
Crestre LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	609	591,273	Biscayne View Properties LLC
1509 Venture LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		1,795,590	Biscayne View Properties LLC
East Urban LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	35,638	990,049	Biscayne View Properties LLC
Tripop LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		4,301,333	Biscayne View Properties LLC
7th Avenue Market LLC 1320 South Dixie Hwy Suite 705 Coral Gables, FL 33146 20-2458426	Real Estate	FL		3,009,510	Biscayne View Properties LLC
Equi Terra LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
Ten Bor LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
PT Property Holding LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
University of Miami Preservation LLC 1252 Memorial Drive Room 230 Coral Gables, FL 33146 59-0624458	Hold UM Designated Easement	FL			University of Miami
Boston House LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	DE			University of Miami
UHealth Ventures Holding Company LLC 1120 NW 14th Street Miami, FL 33136 82-1968627	Holding Company	FL			University of Miami